

<b>C 1</b> 49289		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 03 34 13		DATE WELL COMPLETED MM DD YY 02 21 17		Depth of Well 22 400 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 4/6/17 sc 28 29 30 31 32 33 34 35 36 37 HD-15-0383	
OWNER Land Design + Development		WELL SITE ADDRESS Morgan Station RD		TOWN WOODBINE		LOT 34	
SUBDIVISION FAIRLANE FARM		SECTION		LOT			
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) yes no Y N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 64 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing			
Soil		0 6					
Red clay		6 15					
Brown shale		15 42					
Med Gray Rock		42 400		✓			
		70		✓			
		346		✓			
NUMBER OF UNSUCCESSFUL WELLS: 0							
WELL HYDROFRACTURED yes no Y N							
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL							
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.							
DRILLERS LIC. NO. M D 355							
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. A W D 920							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							
		<b>C 2</b> DEPTH (nearest ft.) 45 400					
		E A C H C A S I N G 23 24 26 30 32 36 38 39 41 45 47 51					
		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to					
		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68					
		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					
						<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot) 49 50 51	
						LATITUDE 39.34281 LONGITUDE 77.04068 (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.	

B 1 <b>38509</b> 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>557434-66</b>	STATE PERMIT NUMBER <b>H0-15-0383</b> 70 fill in this form completely 79
Date Received (APA) <b>10/30/15</b> 8 MM DD YY 13 <b>LAND DESIGN + DEVELOPMENT</b> 15 Last Name Owner First Name 34 <b>S300 DORSEY HALL DR, SUITE 102</b> 36 Street or RFD 55 <b>ELICOTT CITY MD 21043</b> 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> <b>HOWARD</b> 8 COUNTY 21 <b>FAIRLANE FARM</b> 23 SUBDIVISION 42 SECTION <b>34</b> LOT <b>34</b> 44 46 48 50 <b>WOODBINE</b> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <b>MICHAEL BARLOW</b> MWD <b>355</b> Driller's Name 76 License No. 81 <b>BARLOW WELL DRILLING</b> Firm Name <b>522 UNDERWOOD LANE 21043</b> Address <b>[Signature]</b> <b>10/19/15</b> Signature Date		B 4 <b>SOURCES OF DRILLING WATER</b> 1. <b>WELL</b> 2. 3. <b>MORGAN STATION RD</b> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 1000 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <b>8</b> BLK: <b>2</b> PARCEL <b>8</b>	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 <b>750</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> O OPEN LOOP GEOTHERMAL <input type="checkbox"/> C CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <b>360</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>Howard</b> <b>(13)</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <b>12/9/16</b> <b>Sal. Call</b> <b>12/9/17</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE <b>DNZ</b> <b>DOG: 2/22/17 (SC) DON: 3/22/17 (SC)</b>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY <b>AIR-PERCussion</b> ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		<b>PROPOSED LOCATION OF WELL ON LOT</b> <b>SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</b> <b>3/22</b> - 66' meas. pt. - 10' gpm - 53' static level - Pump start 9:30 am - Simultaneous yield w/ lot - collected Na, Cl, + TDS samples @ 11:30 am Prop Lines 25' 40' N ↑	
<b>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <b>H0 2015G004 (01)</b> PERMIT No. <b>H0-15-0383</b> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <b>Sodium, chloride + TDS samples required at yield.</b>			



# MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane  
(410) 838-6910

Bel Air, Maryland 21014  
Fax (410) 838-3582

## WELL YIELD REPORT

Date Test Completed:

March 22, 2017

Well Depth:

400 feet

Customer Land Design & Development  
Road Galaxy Drive  
City Woodbine  
State Maryland

Permit # HO-15-0383  
Subdivision Fairlane Farm  
Section  
Lot # 34

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	53	6	10.00
10:15 AM	64	6	10.00
10:30 AM	64	6	10.00
10:45 AM	64	6	10.00
11:00 AM	64	6	10.00
11:15 AM	64	6	10.00
11:30 AM	64	6	10.00
11:45 AM	64	6	10.00
12:00 PM	64	6	10.00
12:15 PM	64	6	10.00
12:30 PM	64	6	10.00
12:45 PM	64	6	10.00
1:00 PM	64	6	10.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pileless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: FOOKS Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Obrecht Rd  
Sykesville, MD 21784

(Must circle one): Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): DANIEL C. FOGLE License #: MSD2220

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: NVR INC Telephone #: \_\_\_\_\_  
Subdivision: Fairlane Farms Lot #: 34 Well Tag #: HO-15-0383  
Site Address: 1043 Old Thunderbird Dr  
Woodbine, MD 21797

Submersible Pump Data	Pileless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>TH507422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4		
Tongue arrestors, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to bridle rope adapter or other acceptable method inside of well casing: <u>NA</u>		

Piping to house	House Connection
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (50 psi min)	Length of sleeve (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 2/8/2019

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested:	Date Insp. Approved:	Inspector:
Inspection Data:	Pileless adapter watertight & water supply line at least 36" below grade	_____
	Two piece cap installed and attached to casing securely	_____
	Elec. conduit extends at least 18" below grade/attached to cap properly	_____
	Safety rope not outside of well cap/casing	_____
	Correct well tag attached properly and casing 8" above finished grade	_____
	Water supply line sleeved adequately at house connection	_____
	Adequate grout observed below pileless adapter	_____

**Maura J. Rossman, M.D., Health Officer**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Jegles Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 15 - 0383  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_

Well Yield: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing**

**Pitless Adapter**

Make: \_\_\_\_\_ +

Model#: \_\_\_\_\_

GPM Depth: \_\_\_\_\_ (36" min)

GPM NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_

Screened, vented well cap: \_\_\_\_\_

Cap secured to casing: \_\_\_\_\_

Conduit min 18" B.G.: \_\_\_\_\_

Conduit secured to well cap: \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 02/11/2019 Date Insp. Approved: 02/11/2019 Inspector: D

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope not outside of well cap/casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

41" 02/11/2019  
35" 02/11/2019  
19" 02/11/2019

Ex House  
02/11/2019

(Revised form 10/24/2018)



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – OCTOBER 24, 2019**

April, 24, 2019

Homeowner  
1043 Thunderbird Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 34  
1043 Thunderbird Drive  
Building Permit: B18003940  
Well Permit: HO-15-0383**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **2/27/2019**. Final approval of the well line connection to the dwelling was granted on **2/11/2019**. The well construction was completed on **2/21/2017**. Water samples were collected on **4/11/19, 4/22/19**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0383. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	129534	Account #:	1933
Reference:	Fairlane Farm Lot 34	Company:	Fogles Well Pump & Treatment
Location:	1043 Thunderbird Drive	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	4/11/2019 1350	Site:	1st Floor Bath
Date/Time Rec'd:	4/11/2019 1510	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	B. Wilkerson 9315BW	Well #:	HO-15-0383

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/12/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/12/2019 / 1000 / CRS
Nitrate	6.84	mg/L	10	601	4/11/2019 / 1600 / CRS
Turbidity	0.47	NTU	<10	SM20 2130B	4/11/2019 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/11/2019 / 1615 / CRS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use &amp; Occupancy

Building Permit # : B18003940

Date Reported: 4/12/2019



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**Maura J. Rossman, M.D., Health Officer**

February 20, 2018

Homeowner  
1043 Thunderbird Drive  
Woodbine, MD 21797

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 9.42 mg/L pre-treatment.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 139 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*Cc: Community Hygiene Program  
File*

Send Report To: Bert Nixon  
Howard Co. Health Dept.  
Bureau of Environmental Health  
8930 Stanford Blvd.

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. Date Received



**E17003703005**

Received: 03/23/2017

Metals

HO-15-0383

Do not write above this line

Columbia, MD 21045

## LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0383 Site Name: Fairlane Farm - Lot 30 County: Howard

Sample Source: Thunderbird Drive Woodbine Collector: S. Collins  
Street Town or City Name

Date Collected: 3/22/2017 Time Collected: 11:30 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab  
Preservative Used: ☒ HNO<sub>3</sub> mL pH: <2, 3/23/17, SHS

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code ☐ Non-Community ☐ Sediment ☐ Other  
☒ Private

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)

Remarks: Sample collected during yield test.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>DM</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: \_\_\_\_\_

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

DHMH 4432 (05/15)

• Phone: (443) 681-3857

• Fax: (443) 681-4507

SUBMITTER'S COPY



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E17003703 Date Coll.: 03/22/2017 Date Received 03/23/2017 Submitted By: Collins

Field ID: HO-15-0383  
Lab No.: E17003703005

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.42	ppm	03/24/2017

### Comments:

Approved by: Sadia Hussain

Approval date: 04/04/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Columbia, MD 21045

## WATER ANALYSIS



**Do not write across this space**

## Federal Project

Notes to Lab/Remarks: Sample collected during yield test.

**SUBMITTER'S COPY**



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE17003702 Date Coll. 03/22/2017 Date Received 03/23/2017 Submitted By:S. Collins

Field ID: HO-15-0383  
Lab No.: E17003702005

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/27/2017
Total Dissolved Solids	SM 2540C	139	mg/L	03/24/2017

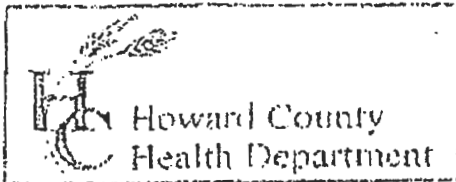
### Comments:

Approved by:

Approval date: 04/03/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Fair Lane Farm

TO ALL INTERESTED PARTIES

Subdivision

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Fisher Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 3/29/16 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

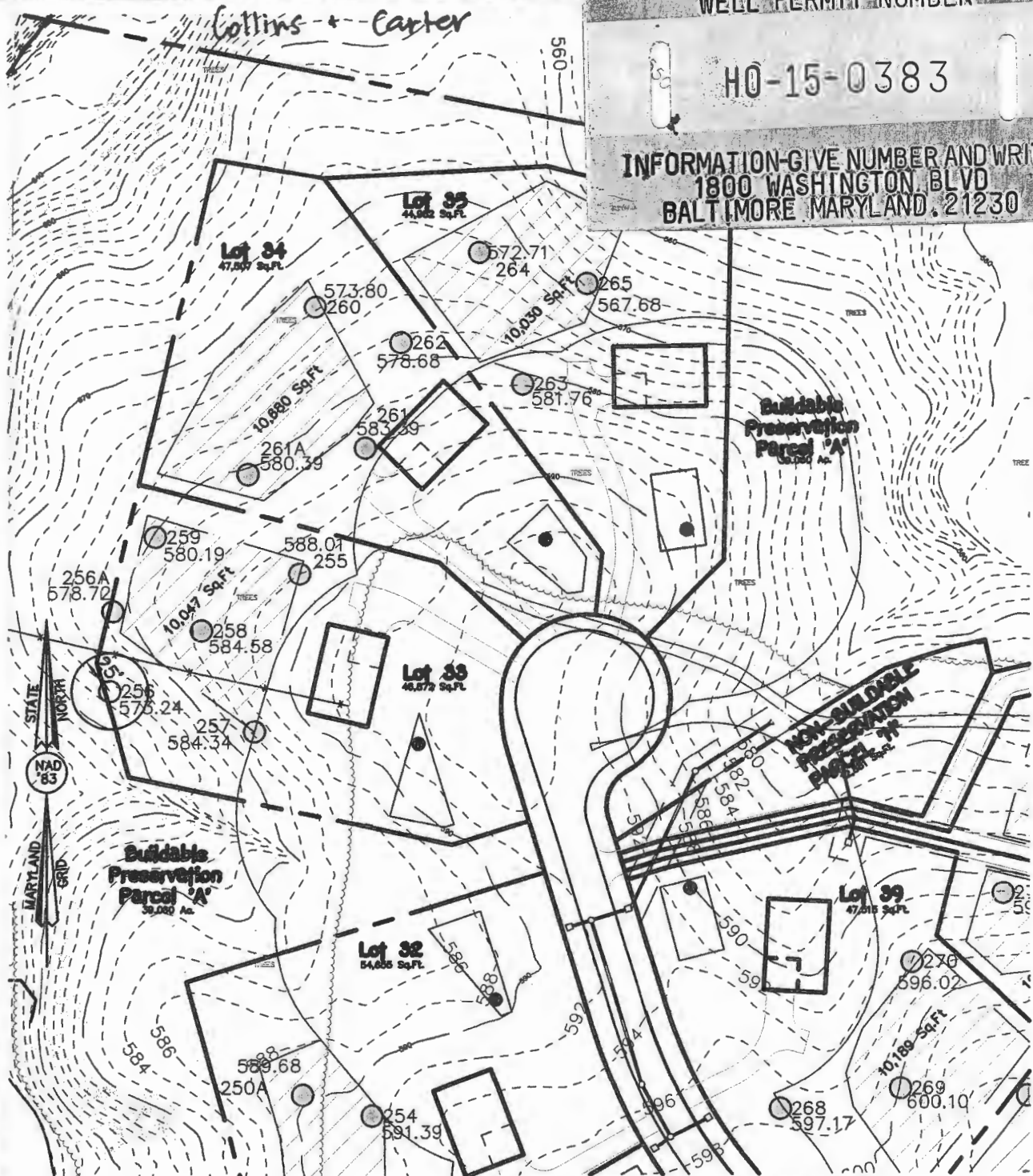


Well box approved 12/9/16 SC  
Well box staked by Fisher.

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

H0-15-0383

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE, MARYLAND, 21230



# WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

## LOT 34

LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'  
AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'  
TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: October 13, 2015

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	129677	Account #:	1933
Reference:	Fairlane Farm Lot 34	Company:	Fogles Well Pump & Treatment
Location:	1043 Thunderbird Drive	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	4/22/2019 0830	Site:	Kitchen Sink
Date/Time Rec'd:	4/22/2019 1540	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.6
Collected By:	B. Wilkerson 9315BW	Well #:	HO-15-0383

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/23/2019 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/23/2019 / 1015 / CRS

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B18003940

Date Reported: 4/23/2019